U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU



THE Puerto Rico Community Survey

This booklet shows the content of the Puerto Rico Community Survey questionnaire.

This questionnaire is available in either English or Spanish. Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the yellow side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

For more information about the Puerto Rico Community Survey, visit our web site at: http://www.census.gov/acs

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado amarillo.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: http://www.census.gov/acs

CENSUS USE ONLY

How was this form completed?

English

Spanish

FORM ACS-1(GQ)(PR)(INFO)(2018)

OMB No. 0607-0810



1		at is your name? Please print your name. Ide your telephone number, and today's	Wha	at is your race? Mark es.	(X)	one or more	7	Are you a citizen of the United States?
l	date	. We will only contact you if needed for ial Census Bureau business.		White				Yes, born in Puerto Rico → SKIP to question 9a
l	Last	Name		Black or African Am.				Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands,
l				American Indian or A				or Northern Marianas
l	First	Name MI		name of enrolled or	prin	cipal tribe. 屖		Yes, born abroad of U.S. citizen parent or parents
ı								Yes, U.S. citizen by naturalization – <i>Print</i> year of naturalization –
l	A ===	Code + Number						
l	Area	Code + Number		Asian Indian		Native Hawaiian		
l				Chinese		Guamanian		No, not a U.S. citizen
l	Toda Mon	ny's Date th Day Year		Filipino		or Chamorro Samoan	8	When did you come to live in Puerto Rico?
l	William	The Day Fredit		Japanese	H	Other Pacific		If you came to live in Puerto Rico more than once, print latest year.
l				Korean		Islander – Print race, for example		Year
1 2	Wha	nt is your sex? Mark (X) ONE box.		Vietnamese		Fijian, Tongan, and so on, 7	>	
Ī		Male Female		Other Asian – Print ra				
				for example, Hmong, Laotian, Thai, Pakista Cambodian, and so o	ni,		9	a. At any time IN THE LAST 3 MONTHS, have you attended school or college? Include
3	birtl	nt is your age and what is your date of n? Please report babies as age 0 when the		Cambodian, and so o	///. 			only nursery or preschool, kindergarten, elementary school, home school, and schooling
l	chila	l is less than 1 year old.				71		which leads to a high school diploma or a college degree.
Print numbers in boxes. Age (in years) Month Day Year of birth							No, have not attended in the last 3	
l				Some other race – Pr	int r	ace. 📈		months → SKIP to question 10 Yes, public school, public college
l								Yes, private school, private college,
A	NOT	E: Please answer BOTH Question 4						home school
Ī	abo	ut Hispanic origin and Question 5 ut race. For this survey, Hispanic ins are not races.	Whe	ere were you born?			'	b. What grade or level were you attending? Mark (X) ONE box.
ŀ				In the United States -	– Pri	nt name of state.		Nursery school, preschool
4	Are	you of Hispanic, Latino, or Spanish	>					Kindergarten
Ī	orig							Grade 1 through 12 – Specify grade 1 - 12 –
l		No, not of Hispanic, Latino, or Spanish origin		Outside the United S Puerto Rico or name				
l		Yes, Mexican, Mexican Am., Chicano		or U.S. Virgin Islands,	. Gua	am, etc.		
l		Yes, Puerto Rican						College undergraduate years (freshman to senior)
l		Yes, Cuban						Graduate or professional school beyond a bachelor's degree (for example: MA or
		Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.						PhD program, or medical or law school)

10	school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the	What is your ancestry or ethnic origin? 15 IN THE PAST 12 MONTHS, did you benefits from the Nutritional A Program? Do NOT include WIC, to	Assistance he School
ı	previous grade or highest degree received.	Lunch Program, or assistance fron	тооа рапкs.
ı	NO SCHOOLING COMPLETED	(For example: Italian, Jamaican, African Am.,	
ı	No schooling completed	Cambodian, Cape Verdean, Norwegian,	
ı	NURSERY OR PRESCHOOL THROUGH GRADE 12	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese,	
ı	Nursery school	Ukrainian, and so on.) 16 Are you CURRENTLY covered by	y any of the
ı	Kindergarten	a. Do you speak a language other than English at home? following types of health insul health coverage plans? Mark "	Yes" or "No"
ı	Grade 1 through 11 – Specify	Yes for EACH type of coverage in item	ns a – h.
ı	grade 1 – 11 —		Yes No
ı		b. What is this language? or former employer or union (of yours or another family	
ı		member)	
ı	12th grade – NO DIPLOMA	b. Insurance purchased directly from an insurance company	
	HIGH SCHOOL GRADUATE	(by you or another family	
ı	Regular high school diploma	c. How well do you speak English?	
	GED or alternative credential	Very well c. Medicare, for people 65 and older, or people with certain	
	COLLEGE OR SOME COLLEGE	disabilities	
ı	Some college credit, but less than 1 year of	Not well Not at all d. Medicaid, Medical Assistance,	
ı	college credit	or any kind of government-	
ı	1 or more years of college credit, no degree	a. Did you live at this address 1 year ago? assistance plan for those with low incomes or a disability	
ı	Associate's degree (for example: AA, AS)	Person is under 1 year old → SKIP to question 16 e. TRICARE or other	
ı	Bachelor's degree (for example: BA, BS)	Yes, at this address → SKIP to military health care	
ı	AFTER BACHELOR'S DEGREE	No. outside Puerto Rico and the f. VA (including if you have	
ı	Master's degree (for example: MA, MS,	United States – Print name of foreign country or U.S. Virgin Islands, Guam, VA health care)	
ı	MEng, MEd, MSW, MBA)	etc., below; then SKIP to question 15	
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB,	g. Indian Health Service	
ı	JD) The state of t	h. Any other type of health	
ı	☐ Doctorate degree (for example: PhD, EdD)	No, at a different address in the United States or Puerto Rico insurance or health coverage plan – Specify Z	
		b. Where did you live 1 year ago?	
B	Answer question 11 if you have a bachelor	Address	
T	degree or higher. Otherwise, SKIP to	Development or condominium name Number and street name	
L	question 12.	Number and Street name	
4	This was the former on warm DACHELORIS		
¥	This question focuses on your BACHELOR'S DEGREE. Please print below the specific	Name of city, town, post office, military	
ı	major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical	installation, or base	
	engineering, elementary teacher education, organizational psychology)		
	organizational psychology)	Name of municipio in Puerto Rico	
		or U.S. county	
		Enter Puerto Rico or name of U.S. state ZIP Code	
П			

a. Are you deaf or do you have serious difficulty hearing?	20 What is your marital status?	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National
difficulty flearing:	Now married	Guard? Mark (X) ONE box.
Yes	Widowed	Never served in the military → SKIP to
□ No	Divorced	question 29a
b. Ave very blind on de very beve estieve	Separated	Only on active duty for training in the Reserves or National Guard → SKIP to
b. Are you blind or do you have serious difficulty seeing even when wearing	Never married → SKIP to E	question 28a
glasses?	20 In the DACT 42 MONTHS did one and	☐ Now on active duty
Yes	In the PAST 12 MONTHS did you get – Yes No	On active duty in the past, but not now
□ No	a. Married?	
		When did you serve on active duty in the
C Answer question 18a – c if you are 5 years	b. Widowed?	U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part
old or over. Otherwise, SKIP to 1 on	c. Divorced?	of the period.
page 7 for further instructions; do not answer any more questions.	How many times have you been married?	September 2001 or later
	Once	August 1990 to August 2001 (including
	Two times	Persian Gulf War)
a. Because of a physical, mental, or emotional condition, do you have	Three or more times	May 1975 to July 1990
serious difficulty concentrating, remembering, or making decisions?	Three of more times	
— Temembering, or making decisions:	23 In what year did you last get married?	
Yes	Year	February 1955 to July 1964
L No		Korean War (July 1950 to January 1955)
b. Do you have serious difficulty walking		January 1947 to June 1950
or climbing stairs?	E Answer question 24 if you are female and	World War II (December 1941 to
Yes	15 – 50 years old. Otherwise, SKIP to question 25a.	December 1946)
□ No	question 25a.	November 1941 or earlier
- I I'm I I I	24 In the PAST 12 MONTHS, have you given	28 a. Do you have a VA service-connected
c. Do you have difficulty dressing or bathing?	birth to any children?	disability rating?
Yes	□ Kes	Yes (such as 0%, 10%, 20%, , 100%)
□ No	No	No → SKIP to question 29a
Answer question 19 if you are 15 years old	25 a. Do you have any of your own grandchildren under the age of 18	b. What is your service-connected
or over. Otherwise, SKIP to 1 on page 7	living in this place?	disability rating?
for further instructions; do not answer any more questions.	Yes	0 percent
more questions.	No → SKIP to question 26	☐ 10 or 20 percent
	b. Are you currently responsible for most	30 or 40 percent
19 Because of a physical, mental, or emotiona	of the basic needs of any grandchildren	
condition, do you have difficulty doing errands alone such as visiting a doctor's	under the age of 18 who live in this place?	50 or 60 percent
office or shopping?	Yes	70 percent or higher
Yes		
□ No	No → SKIP to question 26	
	c. How long have you been responsible for these grandchildren? If you are	
	financially responsible for more than one	
	grandchild, answer the question for the grandchild for whom you have been	
	responsible for the longest period of time.	
	Less than 6 months 3 or 4 years	
	☐ 6 to 11 months ☐ 5 or more	
	1 or 2 years	

a. LAST WEEK, did you work for pay at a job (or business)? Yes → SKIP to question 30 No – Did not work (or retired) b. LAST WEEK, did you do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 35a At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week. a. Address	truck, or van" in question 31. Otherwise, SKIP to question 33. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did you usually leave this address to go to work LAST WEEK?	During the LAST 4 WEEKS, have you been ACTIVELY looking for work? Yes No → SKIP to question 38 LAST WEEK, could you have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) When did you last work, even for a
Development or condominium name Number and street name If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	Hour Minute a.m. p.m. How many minutes did it usually take you to get from this address to work LAST WEEK?	few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to H ☐ Over 5 years ago or never worked → SKIP to question 47
b. Name of city, town, post office, military installation, or base c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Minutes Answer questions 35 38 if you did NOT work last week. Otherwise, SKIP to question 39a.	 a. During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 40 No b. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?
d. Name of municipio in Puerto Rico or U.S. county e. Enter Puerto Rico or name of U.S. state or foreign country f. ZIP Code	a. LAST WEEK, were you on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, were you TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 37 No	□ 50 to 52 weeks □ 48 to 49 weeks □ 40 to 47 weeks □ 27 to 39 weeks □ 14 to 26 weeks □ 13 weeks or less During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK? Usual hours worked each WEEK

F	Answer questions 41 – 46 if you worked in the past 5 years. Otherwise, SKIP to question 47. 41–46 CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the	(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) 6 What were your most important activities	d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS? Yes → What was the amount? Total amount - Dollars \$ 1,00
4	most hours. If you did not have a job or business last week, give information for your last job or business. Were you –	or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?
4	 Mark (X) ONE box. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, municipio, etc.)? a state GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did you work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer 	Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income NOT received. If your net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report only your share of the amount received or earned. a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS? Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?	Total amount - Dollars \$ 10, 100 No Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS? Yes → What was the amount? Total amount - Dollars \$ 10, 100 No G. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security. Yes → What was the amount? Total amount - Dollars \$ 10, 100 No G. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.
4	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS? Yes → What was the net income after business expenses? Total amount - Dollars Loss No c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account. Yes → What was the amount? Total amount - Dollars Loss No No	h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home. Yes → What was the amount? Total amount - Dollars No What was your total income during the PAST 12 MONTHS? Add entries 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. Total amount - Dollars None OR No Loss

Thank you very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.



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			u		_			

	CENSUS USE ONLY
1.	. Who answered the questions on this form? Mark (X) one box.
	Sample resident
	Proxy respondent
	SSS individual
	A combination of sources
_	□ Don't know
2.	How were the questions on this form completed? <i>Mark (X) one box.</i>
	By self-responseBy personal interview - Specify reason ✓
3.	. Were administrative records used to complete any of the questions on this form? Mark (X) one box.
	□ No
	☐ Yes, Some administrative record information was used //
	Yes, All responses were obtained from administrative record information
	□ Don't know
Γ	Reason (code 219 or 243):
	Final Outcome Codes Mark (X) ONE of the codes below to indicate the final outcome of the case of code 219 or 243 is marked, explain reason in the space provided.
	Interview
	□ 201 □ 213 □ 214 □ 215 □ 217 □ 218 □ 219 □ 233 □ 241 □ 241
	Out of scope 243
	Other – Specify —
have re R's nam	eviewed the questionnaire for completeness. Date of interview